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Innovations in Addressing Childhood Obesity
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Chairman Pallone, Ranking Member Deal, and members of the subcommittee, thank you for this opportunity to testify about innovative strategies and programs to address the epidemic of childhood obesity.

I am Dr. Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans. Central to that mission is our goal is to reverse the childhood obesity epidemic in the United States by 2015.

By now, we all know many of the key facts about childhood obesity: nearly one-third of our nation's young people are obese or overweight, and the obesity rates have risen dramatically over the past few decades.[1] Black, Latino, American Indian, Alaska Native, Asian-American and Pacific Islander children living in low-income communities are hit hardest.[2] The health consequences of the obesity epidemic are devastating: obese children are more likely to develop diabetes, asthma and risk factors for heart disease. If obesity rates continue to climb, today's young people may be the first generation in American history to live sicker and die younger than their parents' generation. Just last week, a study in the New England Journal of Medicine

[1] Ogden C, Carroll M and Flegal K. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006." *Journal of the American Medical Association*, 299(20):2401-2405, May 2008.
[2] Ibid.

indicated that trend of increasing obesity is likely to wipe out the gains we have seen in life expectancy due to reductions in smoking.[3]

In addition to health consequences, childhood obesity carries a huge price tag—up to $14 billion per year in health care costs to treat kids.[4] Obese children are also more likely to become obese adults,[5] and adult obesity is estimated to cost the U.S. as much as $147 billion per year.[6] By 2018, if obesity rates continue to increase at their current levels, the U.S. will spend an expected $344 billion on health care costs attributable to obesity—21 percent of the nation's direct health care expenditures.[7]

It's clear that the cost of inaction is unacceptable.

Today, many of our communities are unhealthy—they are dominated by vendors who sell mostly unhealthy food, don't have full-service grocery stores and lack safe, accessible places to walk and play. People living in unhealthy communities have few opportunities to make healthy choices. As a result, parents find it nearly impossible to serve affordable healthy meals at home and to encourage their children to play outside in the neighborhood. So children eat poorly and aren't active enough, and their health suffers.

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[3] Stewart ST, Cutler DM and Rosen AB. "Forecasting the effects of obesity and smoking on U.S. life expectancy." *New England Journal of Medicine*, 361(23):2252-60, December 3, 2009.
[4] Marder W and Chang S. Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions. Thomson Medstat Research Brief, 2006. www.medstat.com/pdfs/childhood_obesity.pdf.
[5] American Academy of Pediatrics, Committee on Nutrition. "Prevention of Pediatric Overweight and Obesity." *Pediatrics*, 112(2): 424-430, August 2003.
[6] Finkelstein E, Trogdon J, Cohen J et al. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs*, 28(5):w822-w831, July 2009.
[7] United Health Foundation, American Public Health Association and Partnership for Prevention. "The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses," November 2009. See http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf

But the good news is that there are promising and effective community- and school-based approaches to removing the barriers to healthy eating and physical activity. In some states, like Arkansas and West Virginia—both of which have enacted comprehensive statewide obesity-prevention policies—we're seeing the rates of childhood obesity begin to plateau. But even in areas where we're beginning to see progress, obesity rates are still much too high. In 30 states, 30 percent or more of children ages 10-17 are overweight or obese.[8] And nationwide, nearly two-thirds of high school students don't meet the recommended level of physical activity.[9]

Reversing the national epidemic will require sustained support and engagement across sectors. Families, schools, government, philanthropy, industry and communities all have an essential role to play.

The Robert Wood Johnson Foundation's strategy is to change public policies and local environments in ways that make all communities healthier—especially those that have the highest rates of obesity and the fewest resources. We focus on approaches that the latest research suggests will improve nutrition and increase physical activity among children, both of which are critical to reversing the childhood obesity epidemic. Five key areas for change are:

1. Providing only healthy foods and beverages to students at school;
2. Improving the availability of affordable healthy foods in all communities;
3. Increasing physical activity before, during and after school;
4. Improving access to safe places where children can play; and
5. Regulating marketing to children.

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[8] See http://www.rwjf.org/files/research/20090701tfahfasinfat.pdf.
[9] Centers for Disease Control and Prevention. *2007 Youth Risk Behavior Survey*. Available at: http://www.cdc.gov/yrbss. Accessed December 12 2009. See http://www.cdc.gov/HealthyYouth/obesity/facts.htm.

In my testimony today, I'll highlight some of the work the Robert Wood Johnson Foundation is supporting. These priority areas for intervention are also consistent with many of the recommendations of the Institute of Medicine and the Centers for Disease Control and Prevention, as Dr. Dietz discussed in the first panel of today's hearing.

You've already heard from Jeremy Nowak of The Reinvestment Fund about the work of The Food Trust and the Pennsylvania Fresh Food Financing Initiative to support innovative public/private partnerships to bring full-service supermarkets to increase access to healthy foods in underserved communities. The Food Trust also has created a large network of farmers' markets to increase access to fresh fruits and vegetables in low-income areas. Increasingly, the markets are equipped with electronic benefit transfer (EBT) card readers that allow patrons to use Supplemental Nutrition Assistance Program (SNAP) benefits for their purchases. All of these efforts are designed to ensure that children and families have access to affordable, healthy foods.

There are additional community benefits, as well. While the Pennsylvania Fresh Food Financing Initiative is providing half a million residents with improved access to healthy food, it's also on track to create or retain nearly 5,000 jobs and more than 1.5 million square feet of food retail in the state. And that's critical, because the economic health and vitality of a community has a direct correlation to the physical health of its residents.

Similarly, healthy school environments help to create healthy students who are ready to learn and succeed. We're seeing some promising signs that states across the nation are passing the kinds of nutrition and physical activity policies that contributed to the success achieved in Arkansas and

West Virginia. Each year, the Foundation and Trust for America's Health release a report called *F as in Fat*, which provides state-by-state data on measures related to obesity. The 2009 report found that:[10]

- 19 states now have nutritional standards for school lunches and breakfasts that are stricter than the current USDA standards, up from four in 2004;
- 28 states now have nutritional standards for competitive foods that are sold à la carte in school cafeterias, vending machines or school stores, up from six in 2004; and
- 20 states now require school screenings for body mass index or another weight-related assessment, up from only four in 2004.

We're also seeing broad support among parents for school-based initiatives to reverse the epidemic. A recent survey by the Alliance for a Healthier Generation found that 92 percent of parents believe physical education classes are just as important as English, math and science. Moreover, 96 percent said that schools should limit access to unhealthy foods and beverages. Parents overwhelmingly support improving school environments to enable kids to make healthy choices, and—what's more—they're willing to get involved in making those changes.[11]

RWJF provides support for the Alliance for a Healthier Generation's Healthy Schools Program, which helps schools develop and implement policies and practices that promote healthy eating and increased physical activity for students and staff in more than 7,000 schools through onsite or online support. The Alliance also has been successful in working with the food and beverage industry, negotiating voluntary agreements to limit portion sizes, restrict the number of calories in beverages sold to schools, and ensure that snack foods meet nutrition standards. A 2008 evaluation found that nearly 80 percent of all school beverage contracts were in compliance with

[10] See http://www.rwjf.org/files/research/20090701tfahfasinfat.pdf.
[11] See http://www.healthiergeneration.org/schools.aspx?id=4125

the voluntary guidelines, and that there had been a 58 percent reduction in beverage calories shipped to schools since 2004. And research shows that schools do not lose revenue when improved nutrition standards are implemented. A research review found that, in six of seven studies, selling competitive foods (snacks available in school vending machines and on à la carte lines) that meet improved nutrition standards did not result in revenue loss. There was also increased participation in the National School Lunch Program after healthier competitive foods were introduced.[12] Anecdotal evidence suggests that some school revenue from competitive foods actually increased after improved nutrition standards were implemented.

Of course, schools do not exist in a vacuum. Even if we succeed in creating healthy environments in every school in the United States, we will fail our nation's children if they leave the doors of the schoolhouse only to return to communities where it's unsafe to walk, bike or play or where their families don't have markets that sell fresh, healthy, affordable foods.

RWJF's *Healthy Kids, Healthy Communities* program supports comprehensive approaches to combating childhood obesity in communities across the country. For example, in Baldwin Park, Calif., the California Center for Public Health Advocacy and its partners in the local health department and school district are working to reduce the prevalence of obesity and diabetes. Their *People on the Move* campaign is a multilingual, multicultural initiative that works with corner grocery stores near schools to limit marketing and advertising of unhealthy foods and increase access to healthy food choices. The partners are working with the city to improve the walkability of the downtown area, and they're supporting new greenways and public spaces as

[12] Wharton CM, Long M, Schwartz MB. Changing nutrition standards in schools: the emerging impact on school revenue. *Journal of School Health*, 78:245-251, 2008.

the city center is renovated. The numbers indicate that these comprehensive efforts are working. Over the last two years, there has been a drop in body mass index (BMI) among Baldwin Park elementary school students, from 34.5 percent of children being overweight or obese to 30.6 percent.

Baldwin Park and eight other Healthy Kids, Healthy Communities leading sites, including one right here in D.C., are now working to increase local opportunities for physical activity and access to healthy, affordable foods for vulnerable children and families.

In Chicago, for example, the Logan Square Neighborhood Association is working to increase safe access to parks by improving the safety of routes connecting neighborhoods to parks and by providing job training and employment for young people to serve as "healthy parks ambassadors."

In Columbia, Mo., the Healthy Environment Policy Initiative Partnership, a long-standing group of grassroots advocates, public health officials, public schools, academics and leaders from government and the faith-based community, is working to improve street and sidewalk design and school wellness policies.

Within the next month, a total of 50 communities will be involved in the Healthy Kids, Healthy Communities program, including many in the states hardest hit by the epidemic. These communities will identify what resources they already have and where there are gaps, and engage community members in identifying the highest-priority policy interventions, from

building walking trails, greenways and safe routes to school to creating joint use agreements, farmers' market networks, after-school programs and better nutrition in schools.

Because the communities that are hit hardest by obesity and related health problems often have the fewest resources to create needed change, it's important to help build local capacity for advocacy. A new RWJF program called *Communities Creating Healthy Environments,* or CCHE, focuses on helping communities of color to increase access to healthy foods and safe places to play. Youth organizers and community advocates will develop and implement policy initiatives at the local level to address the root causes of childhood obesity.

The first 10 organizations funded through the CCHE program have a successful history of organizing youth, families and community members to make meaningful change in their schools, neighborhoods, towns and cities. Their expertise is rooted in knowing the history, culture and people of the communities where they do their work, and they aim to involve residents in the political and policy processes that affect their lives. Some examples of this work include:

- The Southwest Organizing Project in Albuquerque is working to promote local food production by transforming run-down city properties into urban gardens where the community can grow and purchase their own food and where children can learn about health and good nutrition.
- WE Act for Environmental Justice in Harlem, N.Y., is advocating for locally sourced fresh food to be sold in New York City schools and is working with schools to adhere to

the mandatory physical education law that is on the books in that state but not being followed.

We look forward to funding another 10 CCHE communities in the coming year.

We're also witnessing the incredible power of faith-based initiatives to create healthier, more vibrant communities. Camden, N.J., is an impoverished city with only one supermarket to serve 80,000 people. But it's also a place where a local faith-based group is partnering with a community garden project, and wonderful things are growing as a result. Working together, neighbors have renovated vacant lots and reclaimed abandoned properties to create 31 community gardens just this year. The gardens have not only produced healthy, affordable food for area residents, but also strengthened social ties and built trust in areas where crime had often made people afraid of spending time outside of their homes.

The Camden project is one of 21 faith-based coalitions the Foundation is supporting across the country to increase access to healthy foods and physical activity through community advocacy. In Raleigh, N.C., youth groups in five counties are learning how to engage in community change to promote fitness and nutrition. In Hartford, Conn., churches are forming partnerships with community vendors and retailers to create sustainable access to fresh produce. In San Diego, faith leaders, youth and *promotoras* (Latino outreach workers) are working to improve the safety, aesthetics and physical structures of playgrounds and parks. And in Tennessee, the Re/Storing Nashville program is helping to create more direct public transportation routes to existing grocery stores from neighborhoods without supermarkets, as well as developing tax and

zoning incentives to bring grocery stores to those underserved communities.

I've talked a lot about interventions and innovations to increase access to affordable, nutritious foods and opportunities for physical activity. We need to ensure that policy at all levels—federal, state and local—promotes community and environmental changes that will allow families the opportunity to make healthier choices. But certainly there is a role and a responsibility for individuals and families to make those choices. I think the story of a young man named Kenyon McGriff illustrates that everyone has a role to play in reversing the childhood obesity epidemic:

Kenyon is an African-American teenager with a family history of heart disease and diabetes. A few years ago, when he was 15, his doctor told him that, at 270 pounds, he was overweight and at risk for diabetes, and that if he didn't get his act together, manage his diet and start exercising, he'd be in for a world of hurt for the rest of his life: back pain, insulin shots, heart attacks.

Kenyon took his doctor's warning seriously. He joined a running club, cut down on junk food and asked the school nutritionist for help with his diet. But even armed with the best intentions and the best information, Kenyon still struggled to get healthy, in large part because his neighborhood in West Philadelphia was home to dozens of fast food restaurants, takeout joints and convenience stores. "You gotta have income to have good health," he said. His school didn't offer many healthy options—Kenyon describes it as "burnt pizza every day; hoagies, which are lunch meat slapped on a soggy roll…"

Kenyon did his best to eat as healthfully as he could on his budget, and stayed committed to his running club. During the week, the school club would travel to parks outside of the neighborhood for their runs; on the weekends, they would wend their way through traffic-clogged streets in the city. He and his teammates set—and met—a goal to complete the Philadelphia marathon through a program called Students Run Philly Style.

Kenyon is an inspiration. I don't know how many of you have run a marathon, but there are lots of kids in neighborhoods like Kenyon's who get discouraged when they don't have the means or any help to overcome the environmental barriers that make it so hard to eat well and be active.

Where we live, work, learn and play has a tremendous impact on how healthy we are. So when our environments—the food choices available at school and in local stores and restaurants, the threats to safety from crime and traffic, the lack of social support—create so many barriers to health, it's no wonder that so many children and adolescents are overweight or obese. In communities across the country, it is much easier to make unhealthy choices than healthy choices. We must change that.

One of my favorite African proverbs captures how I think we need to approach solving the epidemic of childhood obesity: "A single hand cannot cover the sky."

It's critical that a diverse group of partners work together to effect change at the community level; it's the responsibility of families, of schools, of health care providers, of industry, of government, of the whole community.

But solving the epidemic of childhood obesity also requires leadership and coordination at the federal level that cuts across departments and agencies. Transportation policies, housing policies, education policies and agriculture policies—not just health policies—all have an impact on whether children and families have access to healthy, nutritious foods and safe streets and neighborhoods.

Together, we can and will cover the sky.

Together, we must ensure that every community is a healthy community; that all of our children are healthy; and that the childhood obesity epidemic is reversed.

Thank you again for the opportunity to testify today. I look forward to your questions.